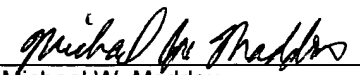





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| AMENDMENT TRANSMITTAL LETTER  |                                  |                                 | Docket No.<br>64104-00002USC1 |                           |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
|---|----------------------------------|---------------------------------|-------------------------------|---------------------------|------------------|-------------------|--|--|--|--|--|--|----------------------------------|--------------------------------|-----------------------------|------|--|--------------|--|--------|--|---|--|--------------------|--|-------|--|---|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|---|--|--|--|--|--|
| Application No.<br>10/699208-Conf. #2784  |                                  | Filing Date<br>October 31, 2003 |                               | Examiner<br>M. G. Mendoza | Art Unit<br>3731 |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
| Applicant(s): Leonard Stevens et al.  |                                  |                                 |                               |                           |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
| Invention: METHOD AND APPARATUS FOR CLOSING A SEVERED STERNUM   |                                  |                                 |                               |                           |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
| <p align="center"><b>TO THE COMMISSIONER FOR PATENTS</b></p> <p>Transmitted herewith is an amendment in the above-identified application.<br/>The fee has been calculated and is transmitted as shown below.</p>  |                                  |                                 |                               |                           |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
| <table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td></td><td>- 20 =</td><td></td><td>x</td><td></td></tr><tr><td>Independent Claims</td><td></td><td>- 3 =</td><td></td><td>x</td><td></td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify):</td><td></td></tr><tr><td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td><td></td></tr></tbody></table>   |                                  |                                 |                               |                           |                  | CLAIMS AS AMENDED |  |  |  |  |  |  | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |  | Total Claims |  | - 20 = |  | x |  | Independent Claims |  | - 3 = |  | x |  | Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |  |  |  |  |  | Other fee (please specify): |  |  |  |  |  | <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> |  |  |  |  |  |
| CLAIMS AS AMENDED   |                                  |                                 |                               |                           |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
|   | Claims Remaining After Amendment | Highest Number Previously Paid  | Number Extra Claims Present   | Rate                      |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
| Total Claims  |                                  | - 20 =                          |                               | x                         |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
| Independent Claims  |                                  | - 3 =                           |                               | x                         |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |                                  |                                 |                               |                           |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
| Other fee (please specify):   |                                  |                                 |                               |                           |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>   |                                  |                                 |                               |                           |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
| <div><input type="checkbox"/> Large Entity</div> <div><input checked="" type="checkbox"/> Small Entity</div> <div><input type="checkbox"/> No additional fee is required for this amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br/>A duplicate copy of this sheet is enclosed.</div> <div><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.</div> <div><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>10-0447</u><br/>as described below. A duplicate copy of this sheet is enclosed.</div> <div><input checked="" type="checkbox"/> Credit any overpayment.</div> <div><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</div> |                                  |                                 |                               |                           |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
| <div><br/>Michael W. Maddox<br/>Attorney Reg. No.: 47,764</div>  |                                  |                                 | Dated: <u>March 24, 2005</u>  |                           |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
| JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION<br>1445 Ross Avenue, Suite 3200<br>Dallas, Texas 75202<br>(214) 855-4779  |                                  |                                 |                               |                           |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |
| <div>I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.</div> <div>Dated: March 24, 2005</div> <div>Signature:  (Marcy Overstreet)</div>  |                                  |                                 |                               |                           |                  |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |  |        |  |   |  |                    |  |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 24, 2005

Signature:

*Marcy Overstreet*  
(Marcy Overstreet)

Docket No.: 64104-00002USC1  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Leonard Stevens et al.

Application No.: 10/699208

Confirmation No.: 2784

Filed: October 31, 2003

Art Unit: 3731

For: METHOD AND APPARATUS FOR CLOSING  
A SEVERED STERNUM

Examiner: M. G. Mendoza

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated January 19, 2005, please amend the above-identified U.S. patent application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Amendments to the Abstract** begin on page 8 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.